

Missouri

STATE BOARD OF NURSING NEWSLETTER

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Message from the President

Authored by Dr. Teri A. Murray, PhD, RN
Board President

Have You Considered Serving on the State Board of Nursing?

As I near the end of my term, I reflect back on the last 7 years spent as a Board Member, including the last 3 as President. My appointment to MSBN has afforded me innumerable opportunities that have greatly enhanced my professional growth and leadership capability. Serving on the Board has been a major highlight of my career. This invaluable role has enabled me to develop and refine the requisite skills to successfully deal with multiple constituencies in political, public, and private arenas in matters related to nursing practice.



Murray

The Board is a nine member Board with the following designations: 5 RNs, 2 LPNs, 1 Public Member, and 1 undesignated member. The terms are 4 years with no member usually serving more than 2 consecutive full terms. Board membership requires a gubernatorial appointment. Any registered nurse or practical nurse can become a board member. You must be a resident of Missouri and a registered voter. You would simply go to the Governor's home page on the internet and complete an online application. It is helpful to have letters of support from your legislators (senator and house representative) and your professional colleagues. If considered, a thorough background investigation is conducted. If selected, you will receive an appointment letter from the Governor. Then, you must be confirmed at a senate hearing within 30 days.

The Mission of the Missouri State Board of Nursing is to protect the public by the development and enforcement of state laws governing the safe practice of nursing. This mission is carried out through six committees:

- **Executive:** Provides leadership in making quality decisions regarding the current and future operations of the Board;
- **Practice:** Ensures that licensed nurses practice according to the Nursing Practice Act;
- **Discipline:** Safeguards the health and welfare of the public through vigilance of the licensee's compliance with the Nursing Practice Act;
- **Education:** Defines the minimum standards for entry-level nursing programs and approves qualified programs of nursing;
- **Licensure:** Safeguards the health and welfare of the public through licensing qualified individuals; and
- **Finance:** Analyzes the revenue and expenditure streams to minimize license fees.

Service on the Board is a major time commitment but the rewards are immeasurable. The Board meets quarterly and the Committees meet regularly through telephone conferencing. The volume of work associated with the Education and Discipline Committees is heavier so there are more teleconferences involved with these committees. Each Committee's work is taken to the Board for action through a consent agenda.

As a member of the Board, you will have the opportunity to participate in the committees of the National Council of State Boards of Nursing (NCSBN). The NCSBN committees examine, formulate, implement, and evaluate policy for nursing education and practice at the national level.

If you are interested in serving as a member, you can apply through the following website, <http://pr.mo.gov> and click on the link for Board and Commission Appointments.

I encourage you to consider submitting an application. I am confident that you will look forward to carrying out the mission of the Board through the various committees just as I have over the past 7 years.



Executive Director Report



Authored by Lori Scheidt, Executive Director

Legislative Update

Our newsletter articles are due approximately two months before the newsletter is actually published. By the time, you receive this newsletter the legislative session will have ended. In order to determine if bills actually passed, you can check the final disposition of bills at <http://www.moga.state.mo.us>



Scheidt

Special thanks to Connie Clarkston, Director of

Budget and Legislation for the Division of Professional Registration, for keeping the Board informed of pertinent legislation.

Controlled Substance Prescriptive Authority for Advanced Practice Registered Nurses

Senator Delbert Scott (Republican—District 28) filed Senate Bill 724 that would grant advanced practice registered nurses the ability to apply for a certificate of controlled substance from the Board of Nursing, and allow those who qualify, the authority to prescribe controlled substances schedules III through V, while operating under a collaborative practice agreement.

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GOVERNOR

The Honorable Matt Blunt

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DIVISION OF PROFESSIONAL REGISTRATION

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EXECUTIVE DIRECTOR

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (<i>MoSALPN</i>)	573-636-5659
Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700



Executive Director Report cont. from page 1

Representative Kenny Jones (Republican—District 117) filed House Bill 1620 which is a similar bill.

Midwifery

Representative Cynthia Davis (Republican—District 19) filed House Bill 1600. This bill would add a statement that, “A midwife providing nothing other than a service of midwifery shall not be deemed to be engaged in the practice of medicine, osteopathy, nursing, nurse-midwifery, or any other medical or healing practice.”

Dr. Charles Portwood (Representative, Republican—District 92) filed House Bill 2370 which would create a Board of Direct-Entry Midwives within the Division of Professional Registration.

Senator John Loudon (Republican—District 7) filed Senate Bill 1021 which would create a Board of Direct-Entry Midwives within the Division of Professional Registration.

Staffing Bills

Representative Beth Low (Democrat—District 39) filed House Bill 2183 which would require hospitals to compile and post daily staffing information in the patient care area of each unit of the hospital.

Senator Joan Bray (Democrat—District 24) filed an identical bill to House Bill 2183 as Senate Bill 1113. It, too, would require hospitals to compile and post daily staffing information in the patient care area of each unit of the hospital.

Department Reorganization Bill

Senator Delbert Scott (Republican—District 28) filed

Senate Bill 788. Since an August 28, 2006 Governor’s Executive Order, the Division of Professional Registration has been operating under a newly created Department of Insurance, Financial Institutions and Professional Registration. Senate Bill 788 would formally revise the statutes to implement the Governor’s Executive Order.

Patient Safety Initiatives

Senator Jack Goodman (Republican—District 29) filed Senate Bill 915 which would require hospitals to report adverse health events to a patient safety organization for review.

Senator Joan Bray (Democrat—District 24) filed Senate Bill 1264 which would require all licensed hospitals and ambulatory surgical centers to submit reports of serious events and incidents to a Patient Safety Authority, which would be created under the act.

Representative Sam Page (Democrat—District 82) filed House Bill 1940 which changes the laws regarding hospital patient safety.

Miscellaneous Bills

Dr. Charles Portwood (Representative, Republican—District 92) filed House Bill 1374 which would require certain school nurses to be paid on the same pay scale as teachers with equivalent work history and working hours in their district.

Senator Norma Champion (Republican—District 30) filed Senate Bill 792 which would provide immunity from liability for certain healthcare professionals assisting law enforcement or governmental agencies in certain planned activities.

Republican David Sater (Republican—District 68) filed House Bill 1599 which would add medical practitioners providing services at a summer camp to the list of health care providers for whom the State Legal Expense Fund is available for payment of certain claims against a provider.

Board of Nursing Fees and Fund Balance

We must file an official rule to change fees. It takes a minimum of 6 months for a rule change to become effective. Because of the timing of receipt of revenue and payment of expenses, we would like the ability to be able to file a rule to REDUCE fees. Emergency rules may become effective as early as ten (10) days after filing or any time after that as indicated in the emergency statement and the history of the rule. Emergency rules can only be filed if there is an immediate danger to the public health, safety or welfare requires emergency action; or the rule is

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necessary to preserve a compelling governmental interest that requires an early effective date.

Senator Gary Nodler (Republican—District 32) filed Senate Bill 1190 which would authorize the Division of Professional Registration to reduce licensure fees by emergency rule under certain circumstances.

The Missouri State Board of Nursing operates under state statutes found in Chapter 335. State statute 335.036.2. states that licensing fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.

335.036.3. states that all fees shall be deposited in the state treasury and be placed to the credit of the state **board of nursing fund**. All administrative costs and expenses of the board shall be paid from appropriations made for those purposes.

The state board of nursing fund is like a checking or savings account. Revenue from fees we collect flows into the fund, and checks are written on the money in the funds to pay for state services. Balances are usually counted at the end of the fiscal year, which is June 30. Just like your checking account, if the money coming in is more than the money going out, balances increase. And again like your checking account, if the money going out exceeds the money coming in, balances decline. In the past few years,

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we have taken in more money than we have spent, causing our fund balance to increase. There is a safeguard in our law that prevents the Board from charging excessive fees. State statute 335.036.4, RSMo, indicates that the Board of Nursing funds cannot be placed to the credit of **general revenue** unless the amount in the fund at the end of the year exceeds three times our appropriation. This prevents the Board from charging excessive fees and also explains why renewal fees may fluctuate from year to year.

We want to prevent fees you pay from going to the **general revenue fund**. The general revenue fund is the largest fund in state government, and it covers much of what we think of when we think of state government; education, state police and prisons, Medicaid spending, money for property tax relief, money to run the governor’s office, legislature and courts, and many other functions. The Board of Nursing does not receive funds from the general revenue funds.

The fees we charge are established by reviewing revenue and expense projections. In the last few years, we have significantly reduced our expenses by closely monitoring the services of contract investigators, reorganizing staff, and streamlining operations. As a result of these factors, the “board of nursing fund” had adequate revenue to support operational costs without charging the full renewal fee for 2007-2009. **In addition, we will also charge a reduced renewal fee starting January 1, 2009.** We watch our projections and fund balance very closely. We will continue to adjust fees in order to charge you what it costs to operate.

The Board sincerely appreciates the assistance of Sherry Hess, Director of Financial Services for the Division of Professional Registration, who assists the Board in maintaining a healthy fund balance.

Vince Lombardi said, *“The achievements of an organization are the results of the combined effort of each individual.”* We are fortunate to have staff and Board members that are out-of-the box thinkers who are willing to make significant changes to reduce operating costs. We are committed to improving systems and spending fees wisely.

Your Role in the Legislative Process

We urge you to study all facets of the issue being considered and know your facts. Be able to tell your legislator what impact a bill will have on his or her constituents. Know the opposing viewpoint. Every issue has two sides.

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://www.moga.state.mo.us>.

The Legal Perspective

Authored by Mikeal R. Louraine, B.S., J.D.
Legal Counsel

The Process

Inevitably, at every Board meeting, we will have a disciplinary hearing on a case where the conduct occurred several years ago. The case always brings the question from a visiting nursing student, “how did that case get so old?” or some variation of that inquiry. It’s never an easy question to answer. We usually answer that it just takes some cases longer to get through the process than others. When we answer in that fashion, we never really lay out what the process is. Therefore, I thought for this article, I would describe ‘the process’ that cases go through until finally concluded.



Louraine

The first step is, obviously, receiving a complaint. Quinn Lewis, our Investigations Administrator, has written at length about the investigative process, so I won’t get into much detail. The goal of investigations is to complete the investigation within ninety days of receipt of the complaint.

Once the investigative report is ready, it goes to the Discipline Committee. The Discipline Committee is made up of four Board members. The committee meets four times between Board meetings, via telephone conference. On each call, the committee reviews approximately twenty-five to thirty-five cases. Also on the calls will be myself, Quinn Lewis, Janet Wolken and Debra Funk. All of the cases are discussed and the committee makes recommendations as to the appropriate level of discipline. The committee can recommend that the Board take no further action; issue a letter of concern, or seek discipline in the form of a censure, probation, suspension or revocation.

A ‘no further action’ is appropriate when the committee believes that either the licensee did not commit a violation of the Nursing Practice Act or there is insufficient evidence to prove that the licensee has committed a violation. A letter of concern is appropriate when the committee believes that a violation may have occurred, but it does not rise to the level of meriting formal discipline.

After the committee reviews all the cases on a particular call, the entire Board will then review the recommendations. They will then vote whether or not to approve the recommendations of the committee.

Assuming that all the recommendations are approved, the cases then come to me. It is my job to assign cases to attorneys to handle. If the Board has recommended seeking discipline, the case is assigned. The Board employs two attorneys as independent contractors to handle discipline cases. I can also assign cases to the Attorney General’s office.

I also keep a few cases in-house to handle myself. The first step for the attorneys is to send a Settlement Agreement to the licensee. The Settlement Agreement will contain the facts which the Board believes justifies disciplining the licensee and what the Board feels the appropriate discipline is. If the licensee agrees to the Settlement Agreement and signs, the case is over. The licensee also has the option of negotiating with the Board at this point. If the licensee does not agree with the fact statement or the appropriate level of discipline, they can make a counter-offer to the Board. The counter-offer will be reviewed by the Discipline Committee. Again, the committee’s recommendation on whether or not to accept the counter-offer will be reviewed by the full Board. If the Board and the licensee can agree to a compromise, the case will be completed under those amended terms.

If the Board and the licensee can not agree, the Board files a complaint with the Administrative Hearing Commission (AHC). The AHC will then set the case for hearing. The Board has the burden of proof. In other words, the Board must prove by a preponderance of the evidence that the licensee violated the Nursing Practice Act. The AHC only has jurisdiction to decide whether or not the licensee has violated the Nursing Practice Act. They cannot decide what the appropriate discipline is. If the AHC decides that there are grounds to discipline the licensee’s license, the case will then be set for a discipline hearing before the entire Board. At that hearing, the only issue is what the appropriate discipline for the licensee is.

Seems pretty simple, doesn’t it? So why does it take so long? The reason is because there are multiple places where the process can get bogged down.

Probably the biggest issue is finding the licensee. Before there can be a hearing before the AHC or the full Board, the licensee must be personally served with notice of the hearing. When a licensee suspects that bad news is in their future, they have been known to make themselves difficult to serve. Add to that there are multiple times when the licensee must be served and you have the potential for a major delay.

Another issue is the AHC’s schedule. In the last several years, the legislature has increased the number of cases that the AHC has jurisdiction over. The result has been a larger caseload and a slower case resolution time with cases filed in the AHC. It is not unusual for it to take a year from filing to trial date.

A final issue is the time it takes to negotiate. All attorneys, or most anyway, will tell you that they would rather work out a case instead of trying the case. Settling a case means that there will be no surprise from a judge or AHC commissioner. Settling a case is also quicker and cheaper than going through a hearing. The potential problem is that in hopeful anticipation of settling a case, time can easily slip away from you. In other words, by the time you realize that your negotiations are not going to be successful, you have spent six months engaged in negotiations.

Of course there are other factors that can play a part in slowing down the process. While it’s always our goal to bring cases to a speedy conclusion, there are many factors that we simply have no control over.

Hopefully, this gives you a better understanding of how the process works, and how the process gets slowed down.

Education Report

Authored by Bibi Schultz, Education Administrator

Missouri State Board of Nursing Education Committee Members

- Teri Murray, PhD, RN, Chair
- K'Alice Breinig, RN, MN
- Linda K. Conner, BSN, RN
- Kay Thurston, ADN, RN



Schultz

As some of you may know, I recently joined the Missouri State Board of Nursing as the Education Administrator. I am excited to be here and am looking forward to working with nurse educators and students throughout the state.

All of us know that caring for patients at the bedside is an awesome privilege as well as a great responsibility. Nursing education is seen as one of the key factors in preparing students as well as practicing nurses with essential tools to consistently provide safe and effective patient care. Nurse educators throughout the state are facing great challenges to meet and exceed educational as well as organizational expectations. It is our goal to provide nursing programs throughout the state with accurate, impartial, objective as well as efficient regulating services.

The new Minimum Standards for Approved Programs of Nursing describe changes to survey as well as reporting practices. Such changes, to be utilized by the education section of the Missouri State Board of Nursing, will impact practices of nursing education programs in this state. As mentioned in the winter issue of the newsletter, a minimum of two surveyors will visit each program for all site visits. The Board has also implemented electronic reporting tools which are being used to help streamline the process of program assessment and evaluation. Scheduling of site visits will take place in collaboration with program administrators.

Each program will receive an electronic self-study survey guide for completion prior to the visit. Each completed survey guide along with requested program materials should be returned to the Board by the deadline indicated. Timely receipt of program documentation will allow us to complete parts of the survey ahead of time and facilitate survey proceedings while at your school.

While it is our mission to protect the public from unsafe nursing practice, it is also our goal to provide nursing programs with best service practices. We are dedicated to making regulating practices as user-friendly as possible while assuring consistent adherence to Minimum Standards for Approved Programs of Nursing. I am ready to get started and am looking forward to fostering nursing education through effective regulating services.

Discipline Corner

Authored by Janet Wolken, MBA, RN
Discipline Administrator

Missouri State Board of Nursing Discipline Committee Members:

- Charlotte York, LPN, Chair
- K'Alice Breinig, RN, MN
- Autumn Hooper, RN
- Clarissa McCamy, LPN
- Amanda Skaggs, RNC, WHNP



Wolken

Nursing Ethics

Every nurse makes multiple ethical decisions on a daily basis. I am not talking about the withdrawing of life support or nutrition, I am talking about the more personal decisions we make in everyday work situations.

I am going to present a few scenarios and I want you to think about each of them as they are related to the definition of nursing ethics that is found in the *Taber's Cyclopedic Medical Dictionary* edition 20, page 746 "A system of principles governing conduct of a nurse. It deals with the relationship of a nurse to the patient, patient's family, associates and fellow nurses, and society at large."

1. A nurse does a quick visual assessment of the patient, she charts the entire physical assessment (lungs CTA, No edema), she plans on going back, doing the assessment and changing anything that is different than she has charted as soon as she is caught up. A few hours later she has been so busy, she hasn't made it back to do the assessment and the patient goes into respiratory distress due to congestive heart failure.
2. A nurse charts at 0800 for the 0800, 1000, 1200, 1400, and 1600 visual assessment, such as O2 on at 2L, skin W/D, breathing unlabored, then he is pulled to a different floor at 1200 and the nurse who takes over discovers the entries. Maybe the nurse isn't pulled to a different floor; does it make a difference that no one discovered he pre-charted?
3. The nurse assistant did the vital signs and as the nurse charts them she notices that they didn't do a pulse ox, the nurse just charts the previous shifts results.
4. The nurse is passing medications he takes them from the pyxis, notices that the BP medication is not in stock and can't find it, however he already initialed it as given on the MAR, he will fax pharmacy and they will have it up here in no time. The oncoming nurse finds the medication that was sent by pharmacy, and sees that it was initialed as given.
5. It is 1830, the patient ate at 1700, the nurse notices in her final MAR checks before report that she forgot to do the 1630 glucoscan. She fills in a result, making

sure it is within range and that sliding scale insulin is not required.

6. The nurse took care of Mr. Smith last night; he was transferred to ICU on the day shift. When the nurse returns to work she just takes a look at his labs to see how he is doing even though she is not caring for him.
7. Your sister calls you at work. She was a patient in the ER last night and she wants to know if her x-ray has been read by the radiologist and what the report says.
8. The nurse administered a controlled substance, wasted the remainder of it without a witness and asked another nurse to sign the waste.

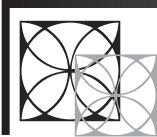
The scenarios each present a situation where the nurse had an ethical decision to make. They also contain a possible violation of the practice act specifically the statute 335.066 section 2. (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any professional licensed or regulated by sections 335.011 to 335.096 or maybe (12) Violation of professional trust or confidence. When you read the statute it does not say that harm need occur to a patient to meet either violation. When discipline is decided for nurses it is the conduct that is considered not the patient outcome. Any of the conduct could have harmed the patient.

Scenarios 1 through 5 represent situations where medical records are falsified. Only scenario one shows clearly that patient harm occurred. In scenarios three though five it does not specify if the falsification caused harm to a patient. Scenario two is falsification and presents an ethical challenge for a fellow nurse. Should I or can I legally error out his pre-charting? Should I wait and if I agree with the assessment then just leave it? If I do leave it, would this make it look like I didn't complete my assessments properly?

Scenarios 6 and 7 seem to be harmless however they may be a violation of the statute. The nurse is accessing private medical records of a person who is not under his or her care.

I feel that scenario 8 occurs frequently and has numerous implications that nurses may not think of. My first thought is that the nurse just said she wasted the medication and she really diverted it. My second concern is for the nurse that signs as the witness. Since she didn't really see it wasted, she has falsified a medical record and potentially aided a nurse who diverted medication.

After reviewing these everyday scenarios I would encourage everyone to think about the "simple" ethical decisions we make on a daily basis. The decisions that we previously thought of as a short cut, a way to avoid filling out an incident report or a way to avoid contacting a physician may actually be nursing ethical decisions that could result in discipline on your license.



Practice Corner

Authored by Debra Funk, RN
Practice Administrator

**Missouri State Board of Nursing
Practice Committee Members:**

- Amanda Skaggs, RNC, WHNP, Chair
- K’Alice Breinig, RN, MN
- Clarissa McCamy, LPN
- Teri Murray, PhD, RN
- Autumn Hooper, RN

We receive many questions about whether Missouri requires continuing education units (CEUs) for renewal of nursing licenses. As many of you are aware, as you travel across the country as a practicing nurse, each state’s Nurse Practice Act varies. Currently in Missouri we do not require CEUs. There has been much research done on this topic and to date, there is no documentation to support the premise that a nurse who completes CEUs for renewal of licensure is a safer practicing nurse.

How to prove continued competence at the regulatory level is difficult and is a subject of much research and discussion by every Board of Nursing around the world. Recently, at the Midyear Conference sponsored by the National Council of the State Boards of Nursing, the audience heard from leaders in nursing from several other countries. They are experiencing the same issues and problems as we are. As Boards of Nursing, we are given the duty to protect the public and provide the public with safe practitioners. In recent studies it was found that the public assumes that the regulatory bodies are continually able to determine that the practitioners that are licensed are competent and safe. In reality, employers tend to be the source for measuring the continued competence of a nurse. The evaluation processes used by employers vary greatly and in some cases are suboptimal.

As nurses we must remember the great responsibility that is placed in our hands every time we go to work. It is our duty to make every effort possible to keep up with the dynamic field of health care so that we may continue to provide safe and efficient care to our patients.



Funk

APRN FYI

It was brought to my attention recently that the new law for tamper-resistant prescription pads for all paper Medicaid prescriptions went into effect April 1, 2008. Below is information from the Department of Social Services website regarding the prescription pad requirements:

Tamper-Resistant Prescription Pads—Updated (www.dss.mo.gov/mhd/cs/pharmacy/pdf/tamperrx.pdf)

President George W. Bush signed the “Extenders Law” Saturday, September 29, 2007. This will delay the implementation date for the requirement of all paper Medicaid prescriptions to be written on tamper-resistant paper. Under this new law, all written MO HealthNet prescriptions must be on tamper-resistant prescription pads **effective April 1, 2008**. No other provisions of the original bill regarding tamper-resistant paper were impacted. This is a federal requirement, if any other advisories are forthcoming from the Centers for Medicare and Medicaid (CMS) Missouri HealthNet will publish those as well.

The original federal legislation is intended to reduce Medicaid prescription fraud and requires physicians to begin using tamper-resistant prescription pads for MO HealthNet patients. The law was part of the U.S. Troop Readiness Veterans’ Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 and is aimed at saving state Medicaid programs money by preventing patients from obtaining drugs illegally. The law will deny federal reimbursement to states for Medicaid patients’ prescriptions that are not written on tamper-resistant prescription pads.

The purpose of this notice is to clarify the MO HealthNet Division’s (MHD), formerly Division of Medical Services, interpretation and implementation of the federal requirements for MO HealthNet medical assistance payment “...amounts expended for medical assistance for covered outpatient drugs (as defined in section 1927(k)(2)) for which the prescription was executed in written (and non-electronic) form unless the prescription was executed on a tamper-resistant pad.” This provision which would have become effective on October 1, 2007, now becomes effective April 1, 2008.

To be compliant with the rule, a prescription pad must contain at least one of the characteristics listed below:

Effective for dates of service on and after **October 1, 2008**, a prescription pad must contain all three of the listed

characteristics. This requirement applies to all non-electronic prescriptions, legend and over-the-counter, written for fee-for-service MO HealthNet participants, when MO HealthNet is the primary or secondary payer. Drug Enforcement Administration and Missouri Board of Pharmacy laws and regulations pertaining to all written and electronic prescriptions still apply.

Exceptions to Tamper-Resistant Rx Pads Requirement

Exempt from the tamper-resistant requirement are MO HealthNet:

- Prescriptions, items, or services furnished and amounts expended by or through a MO HealthNet managed care entity (MC+)
- Prescriptions provided in specified institutional and clinical settings for which the drug is not separately reimbursed, but is reimbursed as part of a total service
 - o Institutional and clinical settings defined as: nursing facilities, intermediate care facilities for the mentally retarded (ICF/MR), inpatient and outpatient hospital, hospice, dental, laboratory, x-ray and renal dialysis services
- Prescriptions e-prescribed, faxed to the pharmacy from the provider’s office, or telephoned to the pharmacy by the provider
- Refills for which the original prescription was filled before April 1, 2008

Emergency Fills

Emergency fills for prescriptions written on non-tamper resistant pads are permitted as long as the prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72 hours after the date on which the prescription was filled. In an emergency situation, this allows a pharmacy to telephone a prescriber to obtain a verbal order for a prescription written on a non-compliant prescription pad. The pharmacy must document the call on the face of the written prescription.

Computer Generated Prescriptions

CMS is offering additional clarification on computer generated prescriptions, including those generated from an Electronic Medical Record (EMR). It has been determined that computer generated prescriptions may meet CMS guidance for the first phase of implementation between April 1, 2008 and October 1, 2008, by containing one or more industry-recognized features designed to prevent erasure or modification of information contained on the prescription. CMS does not believe computer generated prescriptions printed on plain paper will meet all three outlined industry-recognized characteristics. Therefore, beginning October 1, 2008, computer generated prescriptions must be printed on paper that meets the requirement.

CMS recently issued further guidance on this policy. Specifically, on whether a provider can add a feature, such as gel or indelible ink, calligraphy, or embossed logos to a prescription to make it compliant with the requirements. After policy review CMS has determined that features added to the prescription after they are printed do **not** meet the requirement of the statute. Features that would make the prescription tamper-resistant include certain types of paper as well as certain items that can be pre-printed on the paper. These features include, but are not limited to: watermarks, micro-printing, and paper on which the word “void” appears when copied.

Additional Resources

1. U.S. Troop Readiness, Veterans’ Care, Katrina Recover, and Iraq Accountability Appropriations Act of 2007 (H.R. 2206), section 7002(b).
2. Centers for Medicare & Medicaid Services (CMS) Letter to State Medicaid Director (SMDL #07-012, 08/17/2007).
3. Centers for Medicare & Medicaid Services (CMS) Tamper-Resistant Prescriptions Policy Update, February 2008. [www.cms.hhs.gov/DeficitReductionAct/30_Govt Info.asp](http://www.cms.hhs.gov/DeficitReductionAct/30_Govt%20Info.asp).

One or more industry-recognized features designed to:	Examples include (but are not limited to):
• Prevent unauthorized copying of a completed or blank prescription form	• High security watermark on reverse side of blank • Thermochromic ink
• Prevent erasure or modification of information written on the prescription by the prescriber	• Tamper-resistant background ink that shows erasures or attempts to change written information
• Prevent the use of counterfeit prescription forms	• Sequentially numbered blanks • Duplicate or triplicate blanks



Licensure Corner

*Authored by Angie Morice
Licensing Administrator*

Missouri State Board of Nursing Licensure Committee Members:

Kay Thurston, ADN, RN,
Chair
Charlotte York, LPN
Clarissa McCamy, LPN
Linda Conner, RN
Autumn Hooper, RN



Morice

LPN license renewals

LPN licenses will expire on May 31, 2008. If you have not already renewed your LPN license, please do so before the May 31, 2008 expiration date. Failure to receive your renewal notification does not relieve the licensee of his/her responsibility to maintain a current license. All LPNs must renew their license prior to the May 31, 2008 expiration date in order to continue practicing nursing in Missouri.

All licensed practical nurses will have a one time reduced renewal fee of \$37.00 for the renewal period of January 1, 2008 through December 31, 2008. If you are renewing a lapsed LPN license, the \$50.00 lapsed fee will be required for a total of \$87.00.

If you do not receive your new license before the expiration date, do you have to stop working?

To avoid delays, return your renewal notice as soon as it is received. Your license will be renewed upon receipt of the required renewal notice and fee. You do not have to stop working if the Board can verify that your license has been renewed. Verification of a renewed license can be obtained over the phone. However, employers may have stricter policies that will impact you.

If you have not sent in your renewal on time and the Board office cannot verify that you have renewed your license, you must cease working immediately after the expiration date and cannot resume until your license is renewed.

Reporting a criminal offense on a licensure application or when petitioning for renewal

If a nurse has been found guilty, pled guilty or pled nolo contendere to any crime, the nurse is required to report that information when applying for licensure or petitioning for renewal. They must submit a notarized statement explaining the circumstances of the crime and court certified documents that show the disposition of the offense. A permanent license or renewed license will not be issued until the notarized explanation and court certified documents are received. Under some circumstances, it may be necessary for the information submitted to be reviewed by the Board for approval of licensure or renewal.

What is the process to endorse your license to another state?

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at <http://www.ncsbn.org/>. Verification of Missouri licensure will be done through the National Council of State Boards of Nursing NurSys system. Go to <http://www.nursys.com> for more information on this service.

Name and address changes

Please notify our office of any name and/or address changes immediately in writing. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

For name changes: you must submit a legible notification that includes your prior name, new name and your license number. You must sign the notice. If you want a new license that reflects your name change, you must send back your present license and a processing fee of \$15.00 with your notification of name change.

For address changes: include your name, old address, new address and license number. Please PRINT clearly and include your signature.

Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have the following information available when contacting the Board:

- License number
- Pen and paper

Honored to Serve as an NCLEX Item Writer

*Authored by Kathy White, MSN, RN, Director
Pemiscot County Vocational
School of Practical Nursing
Hayti, Missouri*

I recently traveled to Chicago as an NCLEX item writer. I decided to write about the experience in hopes that I would encourage other educators to pursue this endeavor. I'm not allowed to discuss the actual item writing session due to confidentiality, but I can share other parts of the experience. I have to say the item writing session was exhilarating yet exhausting as well as incredibly rewarding. At the end of the week, I felt such a great sense of accomplishment, I felt like I had contributed to the profession of nursing in a way that will impact future nurses and the care of patients. In addition to a sense of accomplishment I had the opportunity to network and socialize with other educators from all over the country. There were sixteen educators from all regions of the country at this particular session.

The folks that work for National Council and Pearson were great. It would be difficult to put into words the value of the courtesy we were shown. They treated the item writers with such respect, kindness, professionalism, and courtesy. We were treated as experts and professionals in our field. We were housed at the Hotel Burnham, an incredibly beautiful, historic hotel that sits in the heart of Chicago near the magnificent mile. There were opportunities for great shopping and dining as well as museums and Broadway shows after the item writing sessions. Every morning we were provided with a breakfast of fruit and tasty pastries. At noon we were showered with wonderful Chicago food such as Chicago style pizza, lasagna, and salads.

It was a privilege and honor to serve as an NCLEX item writer. I would, without a doubt, serve again if called. I would encourage other educators that would like to contribute to nursing in a way like no other, to pursue this endeavor. It will be an experience of a lifetime that when complete gives a great sense of pride and accomplishment.

Investigations Corner

Authored by Quinn Lewis
Investigations Administrator

Investigations Process

There have been several articles in past newsletters that have discussed the Board's investigations process. It has been a while since I have explained the process from the beginning when the Board receives a complaint to its final disposition. I have recently received e-mails and phone calls from individuals inquiring about what happens when a complaint is filed against a nurse and what happens during the course of investigation. Due to recent inquiries about the process I will again explain the process in this article.

The Board receives the majority of its complaints from hospitals, ambulatory surgical centers and recently added temporary nursing staffing agencies due to compliance with the mandatory reporting rule. The purpose of the mandatory reporting rule is as follows:

20 CSR 2200-4.040 Mandatory Reporting Rule: This rule establishes a procedure and guidelines regarding reports required from hospitals, ambulatory surgical centers and temporary nursing staffing agencies by section 383.133RSMO concerning final disciplinary action against a nurse licensed under Chapter 335, RSMO or voluntary resignation of any such nurse against whom any complaints or reports have been made which may have led to disciplinary action.

When processing complaints the Board is compelled to comply with 20 CSR 2200-4.030 Public Complaint Handling and Disposition Procedure. The guidelines used by the Board to process complaints are outlined as follows:

- The State Board of Nursing shall receive and process each complaint made against any licensee or permit holder which the complaint alleges certain acts or practices which may constitute one or more violations of the provisions of Chapter 335, RSMO.



Lewis

- Complaints should be faxed, mailed or delivered to the Board office.
- All complaints shall be made in writing and shall fully identify the complainant by name and address.
- Each complaint received under this rule shall be acknowledged in writing. The complainant shall be informed as to whether the complaint is being investigated and later as to whether the complaint has been dismissed by the Board. The complainant will also be notified of disciplinary action taken, if any.

Now that you have an idea of where most of the Board's complaints originate and how they are processed, I will go into the investigations process.

Before the Board initiates an investigation against a licensee the Board must receive a written complaint as previously mentioned. When the Board receives a complaint, it goes directly to the Investigations Administrator for review. The Investigations Administrator will determine if the Missouri State Board of Nursing has jurisdiction in this matter. If the Board has jurisdiction then the Investigations Administrator will determine if probable cause exists to believe there is a violation of the Nurse Practice Act.

If probable cause exists, the complaint is then assigned a priority level. The Board prioritizes its cases based on a numbering system also referred to as a priority level. Cases are assigned a number 1, 2 or 3; one being most serious and three being least serious. When a case is given a priority 1 (one) it takes precedence over all other cases.

A priority 1 (one) case involves allegations that a licensee has committed an act that is a substantial danger to the patient/public and represents a potential for imminent threat.

Examples of Priority 1 cases:

- Significant physical abuse resulting in injury to the patient
- Sexual misconduct involving a patient
- Impaired on duty
- Caused patient death or significant harm
- Repeated practice deficits with high risk for harm
- Criminal conduct involving murder, rape or child molestation
- Licensee is currently under discipline with the Board of nursing

A priority 2 (two) case involves allegations that a licensee has committed an act that is potentially harmful to the patient/public, but is not a substantial danger or imminent threat.

Examples of Priority 2 cases:

- Drug diversion
- Prescription fraud
- Possession of a controlled substance
- Positive drug screen
- Failure to assess or intervene
- Sexual misconduct not involving a patient
- Medication errors
- Physical abuse

A priority 3 (three) case involves allegations that are considered no immediate or future threat to the patient/public. Most priority three cases are not considered violations of the Nurse Practice Act. Therefore no report has to be filed if cause for final disciplinary action falls under the following.

Examples of Priority 3 cases are:

- Rudeness
- Tardiness
- Absenteeism
- No call no show
- All other incidents that are considered employer, employee type situations

When a complaint is filed against a nurse, the nurse will receive a letter from the Board notifying him/her that a complaint has been filed against their license. The contents of the letter will include the following items:

- ✓ A copy of the complaint
- ✓ Name and phone number of the investigator handling the case
- ✓ Contact Information form

There are some instances when the licensee will not receive a copy of the complaint. This happens when the complaint is submitted to the Board in the form of an investigative report by another state or law enforcement agency. The licensee also will not receive a copy of the complaint, if by giving the licensee a copy of the complaint it puts the complainant at risk for harm.

The Board asks that the licensee respond to the allegations cited in the complaint within 30 days after receipt of the notification. This is the licensee's opportunity to read the complaint, gather his/her thoughts and draft a response in their own words without any pressure.

Also the Board asks that the licensee complete the address verification form. It is important that the Board be able to contact the licensee during the course of the investigation. If the licensee anticipates a change of address or phone number in the near future, we ask that he/she update their information on this form. When the licensee is comfortable with his/her written response to the complaint and he/she has updated their address verification form, we ask that both items be mailed to the Board office. When the correspondence is received at the Board office it will be forwarded to the investigator handling the case.

If the licensee's response adequately answers all of the allegations, the investigator will add the licensee's response to the investigative report. In some instances the licensee will not answer all of the allegations and the investigator will then contact that licensee and request an interview. Also, there are some cases where the licensee chooses not to respond to the Board's request. This does not stop the investigation from proceeding forward. The investigator will continue the investigation and complete his/her report for the Board's review without a response from the licensee. After the Board's review, the licensee will be notified of the Board's final decision.

If you have questions about the Board's investigation process you can mail or fax them to the Board office to my attention. You may also e-mail them to me at quinn.lewis@pr.mo.gov. I look forward to hearing from you.

Teas Turns Life Change into Changing Lives

Authored by Cyndy Teas, RN, BSN with assistance from Donna Robertson.

Life as a Registered Nurse has taken many turns for Cyndy Teas. She completed her education for a Bachelor of Nursing in 1978. Through the years she has worked in various settings: private scrub nurse for a plastic surgeon, Lamaze Instructor, Pediatric Staff RN, Pediatric ICU, Pediatric Home Care Agency Director and House Director of a Facility for Children with Aids, and Director of Health Services for a large group of youth camps. Each of these nursing positions were steps that led to Cyndy being a part of the creation of Camp Barnabas, a Christian summer camp that specializes in serving children with medical, physical and/or developmental disabilities and their siblings.

The adventure into camp nursing began when Cyndy was recruited to be a staff nurse for Kanakuk Kamps, in Branson, Missouri. Cyndy enjoyed her short term assignment at the camp, but recognized that the policies and procedures for the health care at camp were lacking. She discussed the camp health care program with the owners and before she could blink, she found herself in the position as the first Health Services Director for Kanakuk Kamps. Cyndy and her husband and two children moved from Texas to Missouri to begin their adventures in camping.

Then Cyndy met Lauren Hauschild, one of many children that were campers at the program. Lauren was a 12-year old camper at Kanakuk who had visited the nurses' station several times during her stay. This concerned the nurses because Lauren wasn't typically a complainer, yet she was there almost daily asking for something to help with the pain in her leg. After examination, Cyndy made a point of seeing Lauren's parents when they came to pick her up from camp, informing them she had serious concerns for Lauren's leg pain and suggesting they have it further examined by a physician.

Two months later Cyndy received a call from Lauren's mother. Lauren had bone cancer. When they told her that she had cancer, they would have to remove her lower leg and she would undergo chemotherapy, this almost teenage girl's first question was, "This means I can't go back to camp next summer, doesn't it?" Lauren's mother wanted Cyndy's reassurance that Lauren could come back to Kanakuk—that she had something to look forward to. Cyndy was excited to offer Lauren the opportunity to return to camp, and she set about making special provisions for the health care team to accommodate this young cancer victim.

By summer, Lauren was reeling from the effects of chemotherapy. She came to camp bald and adjusting to wearing her new prosthesis. Cyndy watched her throughout her stay and realized that, while Lauren was glad to be at camp, it was a huge challenge and nothing was quite like it had been in summers past. As a nurse and friend Cyndy approached Lauren to discuss her challenges and in a poignant conversation, Lauren made a profound statement, "I just want to be a normal kid at camp." Teas stated they would have to recreate normal and over the next hour they created a camp for children with cancer. A camp where fun was the focus and cancer was an after thought. No one would care if they were bald. Many of the campers would be on crutches or in a wheelchair or have a prosthesis. Most of all, they would put aside their disease, and just be a kid at camp!

Tearfully, Cyndy went home that night and shared with husband, Paul what Lauren had said. He looked at her and said, "Why couldn't there be a camp like that?" Out of Lauren's simple statement, "I just want to be a normal kid at camp," Camp Barnabas was born.

After much pre-planning and thought Camp Barnabas began as a one-week pilot program for children with Cancer and/or blood diseases. They repeated the pilot week again the next summer and doubled the number of campers that attended. Soon Cyndy found parents were contacting her concerning their children with a multitude of different diseases or disability. It was apparent that a Christian camp to serve these special children was needed, but many obstacles had to be overcome. Most importantly a facility was needed. Cyndy loved the challenge. To utilize her nursing experiences and serve these special children was exactly what she knew she wanted to do. Opportunities kept opening up and soon a facility was located.

It was August of 1995, when the Teas first viewed the facility that became Camp Barnabas. Located in rural southwest Missouri, the land had been utilized as a Christian camp since the early 1930's. It was a beautiful place to bring hope to people with disability and to serve their families as well.

In June of 1996 the first full summer camp program began, serving over 250 children and in 2007 Camp Barnabas camper numbers rose to 1,152. The program serves people with medical, physical or development disabilities, syndromes, rare diseases and chronic illnesses and their siblings.

"I am grateful that God only showed us one day at a time as we began this process. If I had known in the beginning what He had planned I would have run hard the other way," Cyndy laughs. "I am so glad that He chose to allow Paul and I to walk alongside Him in this incredible ministry. As a nurse, I cannot think of a way to better serve God and my profession."



Cyndy Teas, RN stops to chat with Camp Barnabas camper.



Missouri Registered Nurse, Cyndy Teas, is honored by First Lady, Melanie Blunt with the First Lady Award for Health and Wellness in March 2008.

At Camp Barnabas we do have all the activities that any summer camp offers, "We are here to offer life-changing experiences to children who have been robbed of them by disability or disease," Teas says.

Doing that means doing camp in a very different way. Campers bring with them a variety of medical challenges—cathing, extensive medications, g-tubes, ventilators, and chemotherapy are just a few of the every day things handled efficiently by a volunteer medical team. Each week two physicians and six to eight nurses donate their time to make a camp experience possible for very special people. Teas states, "I love working with selfless nurses that give up their week of vacation to make it possible for the medically fragile child to have these experiences. I feel like the work that the nurses perform at Camp Barnabas will be the most gratifying work they have ever done. It brings everyone great reward, far better than any paycheck they have ever received. The campers are only part of the experience, the wonderful paid staff and young volunteers all make the experience one of great joy and fun for the nurses and physicians on the volunteer medical team."

Camp Nursing has not been given the recognition it deserves as a specialty area of nursing, Cyndy stated, "however the experiences nurses have in the camp setting are unique and allow a nurse to expand her knowledge and skills in a very exciting and fun way." Teas recognized the needs for excellent health care at camps and led the way for a Senate Bill to be written that would allow out of state physicians to serve at summer camps in Missouri without requiring medical licensure in the State of Missouri. This bill was passed in 1992. Teas is in great hopes that the nursing compact will some day allow out of state nurses

to cross the lines and work at camps without acquiring licensure in the state.

Cyndy recognized the need for cost effective malpractice coverage for summer camp medical professionals and she is currently working with lawmakers on legislation that facilitates medical malpractice coverage under the state medical defense fund for doctors and nurses providing volunteer services at not-for-profit summer camps in Missouri.

Cyndy Teas is a true advocate for people with disabilities and for quality health care at camps. For her strong advocacy for people with special needs and her work to improve the quality of health care at summer camps, Cyndy recently received the First Lady Award for Health and Wellness from Missouri First Lady Melanie Blunt. A committee appointed by the Missouri Women's Council evaluated more than 300 nominations before selecting Teas as one of the five winners awarded this honor at a ceremony March 11 as part of the celebration of Women's History Month.

During her 23 years as a pediatric nurse, Cyndy realized the challenges, changes and pressures placed on a family with a chronically ill or disabled child. And she believes strongly that people with special needs should have the opportunity to live life to the fullest. "They need to understand that they have great ability that is not limited by their disability. I have learned many lessons from our campers. When you watch a young woman without arms or legs fly down a 40-foot zipline or a boy without sight navigate a canoe ... you understand that God does not place limits on our ability. We do. And people labeled 'disabled' by the world are people with the most ability in the world."

"Over 15 years ago I experienced drastic life change when my family moved from Dallas to Branson. All the time at Kanakuk, without realizing it, God was preparing Paul and me for Camp Barnabas. Then I met Lauren and there followed a big curve in the road that brought me to today" Teas admits. "Camp Barnabas is the best place in the world and being a nurse opened every opportunity for me to create and work in an environment that is like a little piece of heaven on earth. I am honored to be a part of the nursing profession and have the opportunities it has afforded me."

For questions about volunteering as a nurse at Camp Barnabas call Cyndy Teas at 417.476.2565 or email cyndy@campbarnabas.org. To apply for a medical team position, go to the website: www.campbarnabas.org, click on volunteers, then on Medical Team Application.

Cyndy Teas is the co-founder and Director of Development/Health Services at Camp Barnabas. She lives on site at the camp, with her husband Paul, in a home built by Extreme Makeover Home Edition in 2005. She has two grown children. She received a Bachelor of Nursing from the University of Texas in 1978.

Cyndy and Paul Teas were recognized as Springfield Humanitarian of the Year in 1999. Cyndy was named one of the 20 Most Influential Women in Springfield, Missouri in 2007. She is one of only three women who have served on the national board of the Christian Camp and Conference Association, an organization with a \$1 million annual budget that sets policy and provides guidance for more than 1,200 member camps. Cyndy was a founding board member for the Association of Camp Nurses in 1992-1995.

Golden Nurses 2008

We are happy to announce that *Golden Certificates* were recently sent to 157 Registered Nurses and 13 Licensed Practical Nurses. These individuals have active licenses and have been licensed in the State of Missouri for **50 years**. We take great pleasure in marking this special achievement in the third year of our Golden Award Recognition program. One of this year’s recipients, Marilyn Jacobs, served on the Board of Nursing from 1988 to 1992. A list of those receiving Golden Certificates follows.

Lillie M. Beavers	Dec-58	Saint Louis, MO
Shirley J. Brown	Apr-58	Broseley, MO
Faye B. Bruce	Sep-58	Florissant, MO
Freda L. Cooper	Jan-58	Kansas City, MO
Marilyn B. Deutschmann	Jan-58	Ballwin, MO
Dollie M. Earl	Apr-58	Senath, MO
Mary C. Filer	Jan-58	Saint Louis, MO
Rosemary M. Jackson	Nov-58	West Palm Beach, FL
Edna H. Kenser	Jul-58	Poplar Bluff, MO
Mildred W. McGill	Jul-58	Florissant, MO
Jean L. Pennington-Howard	Jul-58	Saint Louis, MO
Verna J. Pickles	Apr-58	Webster Groves, MO
Rosemary T. Snelson	Apr-58	Saint Louis, MO
Barbara Alley	Oct-58	Leawood, KS
Dolores A. Amann	Oct-58	St. Louis, MO
Virginia R. Baker	Oct-58	Mexico, MO
Sara M. Bassett Carroll	Mar-58	Flowery Branch, GA
Marlene M. Becker	Oct-58	Saint Louis, MO
Patricia A. Berner Kube	Oct-58	Benld, IL
Virginia M. Bischof	Oct-58	Rock Hill, MO
Joan E. Black	Jun-58	Center, MO
Margaret A. Bonnell	Oct-58	St. Louis, MO
Shirley J. Booth	Jan-58	Jackson, MO
Loretta M. Borchetta	Oct-58	Saint Louis, MO
Sarah J. Bostelmann	Oct-58	Saint Louis, MO
Anita L. Brady Kelly	Jan-58	Saint Louis, MO
Elizabeth A. Brazeale	Oct-58	Springfield, MO
Geraldine A. Breite	Oct-58	Defiance, MO
Betty B. Brown	Nov-58	Springfield, MO
Sharon K. Brown	Oct-58	Mt Vernon, IL
Mary C. Browning	Nov-58	Norwich, CT
Carole A. Brueggemann	Oct-58	Saint Louis, MO
Dolores M. Buckingham	Mar-58	St Joseph, MO
Carol M. Burke	Oct-58	Overland Park, KS
Doris L. Burton	Oct-58	Kansas City, MO
Audrey E. Carlson	Feb-58	Saint Louis, MO
Valerie J. Carpenter	Oct-58	Rogersville, MO
Carolyn A. Carrow	Nov-58	Godfrey, IL
Sharon C. Carter	Oct-58	St Charles, MO
Lois G. Chambers	Oct-58	Fairdealing, MO
Priscilla H. Clark	Nov-58	Florissant, MO
Bobbie W. Cobb	Jan-58	Springfield, MO
Pearl J. Cole	Oct-58	Shawnee Mission, KS
Patsy S. Copeland Smith	Nov-58	Fairhope, AL
Armynta J. Craig	Nov-58	Ellisville, MO
Mary M. Czamanske	Mar-58	Prairie Village, KS
Donna L. Davis	Mar-58	Stockton, MO
Doris C. Davis	Oct-58	Columbia, MO

Josephine A. Delkeskamp	Oct-58	Saint Louis, MO
Althea S. Dieckhoff	Mar-58	Alma, MO
Brunetta T. Douglas	Oct-58	Saint Louis, MO
Mary S. Doyle	Oct-58	Columbia, MO
Anna M. Dunn	Oct-58	Saint Louis, MO
Jean M. Edwards	Oct-58	Saint Louis, MO
Joan R. Egan	Oct-58	Saint Louis, MO
Patsy L. Fisher	Oct-58	Kennett, MO
Etta S. Fitzsimmons	Oct-58	Macon, MO
Nancy D. Foster	Feb-58	Hartsburg, MO
Jobyna Foster	Jan-58	Saint Louis, MO
Donna J. Friedberg	Nov-58	Edmond, OK
Mary Fulton-Caffey	Oct-58	Springfield, MO
Essie B. Garrett	Dec-58	Kansas City, MO
Shirley A. Gibson	Jan-58	Pacific, MO
Joanna M. Gilpin	Oct-58	Springfield, MO
Mary L. Goggin	Jan-58	Greenville, IL
Sharon A. Grace	Mar-58	St Joseph, MO
Patricia F. Grainger	Jul-58	Centerview, MO
Margaret A. Greif	Jan-58	Farmington, MO
Julia A. Guppy	Jan-58	Joplin, MO
Anna F. Guthrie	Jan-58	Sugar Creek, MO
Margaret J. Hart	Oct-58	Columbia, MO
Helen J. Hass	Oct-58	Springfield, MO
Betty J. Hazelwood	Jan-58	Kirkwood, MO
Lois E. Herries	Jan-58	Saint Louis, MO
Dorothy L. Herzog	Jan-58	Saint Charles, MO
Avonell J. Hesemann	Jan-58	Owensville, MO
Lois A. Hinn	Oct-58	Seattle, WA
Connie L. Hoangenson	Jan-58	Independence, MO
Gladys J. Hogan	Jan-58	Pacific, MO
Thelma R. Irwin	Jan-58	Cape Girardeau, MO
Marilyn J. Jacobs	Nov-58	Joplin, MO
Jeanette C. Jefferson	Nov-58	University City, MO
Angel J. Jones	Jan-58	Kansas City, MO
Lola J. Kegley	Mar-58	Independence, MO
Rosa M. Kendall	Jan-58	Affton, MO
Betty A. Knackstedt	Jan-58	Saint Louis, MO
Evelyn L. Koenig	Jan-58	Florissant, MO
Sydney D. Krampitz	Jun-58	Lenexa, KS
Janice L. Kurtz	Jan-58	Shawnee Mission, KS
Ruby E. Lemons	Jan-58	Dexter, MO
Arlene B. Libbert	Jan-58	Barnett, MO
Jeanette L, Livingston	Jan-58	Lees Summit, MO
Lottie A. Logan	Jan-58	Saint Louis, MO
Carole E. Lohmeyer	Jan-58	Lee’s Summit, MO
Mary L. Lopp	Nov-58	Saint Charles, MO
Delores G. Margos	Jan-58	Saint Louis, MO
Connie S. Marko	Oct-58	Blue Springs, MO
Sheila M. Martyr	Oct-58	Springfield, MO
Barbara B/ Mason	Jan-58	Lee’s Summit, MO
Carol D. McCann	Oct-58	Pacific, MO
Mary Ann McCarthy	Oct-58	Saint Louis, MO
Carole A. McClellan	Jan-58	St Joseph, MO
Suzanne S. McNeal	Oct-58	Houston, TX
Shelby J. Meadows	Jan-58	St Charles, MO

Janice Meiners	Jan-58	Saint Louis, MO
Barbara A. Messerli	Oct-58	Springfield, MO
Gloria P. Metzger	Jan-58	Jefferson City, MO
Annette L. Mick	Jan-58	Gower, MO
Nancy M. Mills	Jan-58	Blue Springs, MO
Amanda L. Murphy	Nov-58	St. Louis, MO
Arlene M. Neary	Jan-58	Chesterfield, MO
Jean T. Nelson	Jan-58	Bel Ridge, MO
Minnie L. Nelson	Jan-58	Manchester, MO
Corneluis E. Neufeld	Jan-58	Merriam, KS
Susan M. Neville	Oct-58	Saint Louis, MO
Janet S. Nixon	Jan-58	Kahoka, MO
Jean M. Ober	Jan-58	Sunrise Beach, MO
Wilma W. Parran	Jan-58	Saint Louis, MO
Betty J. Parran	Jan-58	Saint Louis, MO
Joan D. Paullus	Jan-58	Coldwater, MO
Jo Ann Peek	Oct-58	Alton, IL
Shirley J. Peschke	Oct-58	St. Charles, MO
Esther M. Peters	Oct-58	Springfield, MO
Edra Phillips-Morris	Oct-58	East Saint Louis, IL
Judith Ann Piantanida	Mar-58	Lake Saint Louis, MO
Kathryn G. Ponder	Jan-58	Colorado Springs, CO
Diana L. Porter	Jan-58	Carthage, MO
Dorothy V. Reddick	Aug-58	Dekalb, MO
Sally Ann Reygate	Oct-58	Saint Louis, MO
Joyce O. Rhodes	Oct-58	Saint Louis, MO
Mary W. Riley	Jan-58	Saint Louis, MO
Janet F. Roberts	Jul-58	Wentzville, MO
Esther E. Robertson	Jan-58	Rolla, MO
Carol L. Rossel	Jan-58	Saint Louis, MO
Geraldine S. Rouse	Jan-58	Granby, MO
Marianne Routh	Oct-58	Kansas City, KS
Mary M. Ruhl	Jan-58	O Fallon, MO
Carol E. Sabaski	Jan-58	St Charles, MO
Carol E. Sager	Nov-58	Saint Louis, MO
Mary A. Sauter	Jan-58	Crestwood, MO
Sandra S. Shelton	Jan-58	Rolla, MO
Angela M. Smith	Jan-58	Saint Charles, MO
Kenneth D. Smith	Jan-58	Saint Charles, MO
Bernice L. Smith	Oct-58	Cape Girardeau, MO
Janet I. Spencer	Oct-58	Independence, MO
Jeanne S. Sternecker	Oct-58	Mesa, AZ
Patricia A. Stock	Jul-58	Kansas City, KS
Frances J. Sullivan	Oct-58	O Fallon, MO
Velma L. Sutton	Jan-58	Saint Louis, MO
Leta M. Tabor	Jan-58	Lake Sherwood, MO
Mary C. Tamboli	Oct-58	St. Louis, MO
Rosalina Tangonan	Nov-58	Raymore, MO
Rose A. Teran	Jan-58	Saint Louis, MO
Carol R. Thomas	Oct-58	Peculiar, MO
Winifred E. Thornton	Jan-58	O Fallon, MO
Leomay L. Tucker	Jan-58	Kirkwood, MO
Jacqueline A. Uthoff-rastorfe	Jan-58	High Ridge, MO
Margaret R. Walline	Nov-58	Kansas City, MO
Juanita D. Ward	Jan-58	Poplar Bluff, MO
Doris Anne Washburn	Oct-58	Sarona, WI
Melva M. Weber	Jan-58	Saint Louis, MO
Diane S. Wilderman	Jan-58	Olympia, WA
Dixie L. Wilhoit	Jan-58	Stewartsville, MO
Verna M. Wilkins	Jan-58	Olivette, MO
Ethel L. Williams	Jan-58	Manchester, MO
Dorothy M. Wilson	Jan-58	Florissant, MO
Joan Dolores Winsor	Oct-58	Shawnee Mission, KS
Roberta J Wood	Nov-58	Baxter Springs, KS
Wilma M. Wood	Jan-58	Mt Vernon, MO
Terryl A. Woodruff	Jan-58	Kansas City, MO

New Trends in Foreign Nurse Recruitment

Authored by Diane E. Scott, RN, MSN
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Center for American Nurses*

Last year, the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, released the 2004 National Sample Survey of Registered Nurses, which collected data on the actively licensed Registered Nurse population as of March 2004. This most recent edition of the survey revealed that over 100,791 (3.5 percent) of the Registered Nurses (RNs) practicing in the United States received their basic nursing education outside of the U.S. While this percentage reflected only a slight increase since 2000, foreign-educated nurses are now licensed in all 50 States and the District of Columbia.

According to the American Hospital Association, 17% of hospitals recruit from abroad to fill nursing vacancies. While the percentage of hospitals looking toward employing foreign-educated nurses (FENs) as part of the solution for the nursing shortage is increasing, questions still arise over the best means to recruit and orient this unique nursing population.

To address some of these issues, the Center for American Nurses interviewed Wanano “Winnie” Fritz, RN, MS, the Chief Nursing Officer and Director of International Operations of HCCA International, a company which specializes in international nurse recruitment and hospital management.

Ms. Fritz’s experiences, both domestic and international, have given her a wealth of cultural and clinical expertise in nursing and management roles in the United States, Thailand, Germany, Russia, and Vietnam. Notably, she was employed for nearly 17 years by King Hussein of Jordan as both the Dean of a School of Nursing and a Health Systems Planner before joining HCCA in 2005.

The Center: Are there ethical issues involved with recruiting foreign educated nurses?

Ms. Fritz: The answer is yes, there can be ethical concerns for both the nurse and the nursing profession. Professional nursing organizations appropriately caution us to not deplete resources in specific countries where there are already serious shortages. For example, in the U.S., we have 8-10 RNs per 1000 population. In South African nations, there are only 1 to 1000. But as a general position, the International Council for Nursing states: “Nurses have a right to migrate and denounces unethical recruitment.” In addition many of the foreign-educated nurses genuinely want to work in the United States.

The Center: What are the reasons that foreign educated nurses want to come work in the United States?

Ms. Fritz: With the increased accessibility to the Internet and other media from the United States, foreign-educated nurses are much more exposed to the potential personal and financial benefits and mechanisms to become

a nurse in the United States. Many of the foreign-educated nurses obtain a U.S. nursing license to fulfill multiple professional and personal goals. Numerous foreign-educated nurses desire the opportunity to work in clean, safe high-tech hospitals.

The economic advantage for nurses working in the United States usually goes beyond their personal financial gain; it carries through to their extended families back in their home country. It has been my experience that most foreign educated nurses will send up to 33% of their salary back to their home country to support their parents, siblings, and other family members. The governments of the foreign countries welcome the influx of financial assistance and are often very accommodating in assisting the nurses who are seeking to enhance their careers in the United States.

The Center: Where do most of the foreign-educated nurses come from?

Ms. Fritz: According to the U.S. Department of Health and Human Services, 50% come from the Philippines, 20% from Canada and 8% from the United Kingdom. 22% come from all other sources. In addition, over half of the foreign-educated nurses were estimated to have baccalaureate or higher degrees

The Center: What are the advantages of hiring a foreign-educated nurse?

Ms. Fritz: Many (FENs) are highly motivated to be a nurse in the U.S. and usually have dedicated from 2 to 4 years of their lives to reach this goal. In addition, the nurse usually has already demonstrated persistence and adaptability in navigating the immigration and licensure processes.

As U.S. hospitals care for an increasingly diverse patient population, the foreign-educated nurse is also an asset as we work to be culturally competent and provide culturally appropriate care. Finally, the foreign-educated nurse can be a more permanent solution than temporary staffing options since many want to integrate permanently into a hospital and community, resulting in retention rates as high as 85%.

The Center: How would a prospective employer approach the recruitment of foreign-educated nurses?

Ms. Fritz: When choosing a recruitment partner, choose carefully. In the past, there were only about 30 or 40 companies recruiting nurses from overseas, now there are over 200. The Joint Commission has implemented a certification process which is helping to address some of the quality issues in selecting a reliable recruiting partner, so I highly recommend making sure the recruitment company is certified.

It behooves a healthcare organization to know how long the agency has recruited internationally and learn how many nurses they have brought to work in the U.S. It is just as important to learn the satisfaction rate of their client hospitals as well as their ethics in their practices. I also believe it is important for a recruiting organization to “give back” to the countries of origin.

Some large health care systems recruit directly; but most use third-party recruiters because of the complexity of the credentialing, education, licensure, and immigration processes.

The Center: What are the types of FEN recruiters?

Ms. Fritz: With either model, the commitment period for the nurse typically ranges from 2 to 3 years. When choosing a recruiter, there are two general models:

(1.) Direct Placement: 55-60% of recruiters pay up front for recruitment and immigration fees to fill a specific “order” in terms of quantity and specialty. The hospital employs the nurse immediately and assumes the risk of hiring them without previously working with them.

(2.) Lease to Hire: 40-45% of recruiters pay no upfront costs to the recruiting agency; instead, they pay an hourly rate for nurses’ shifts worked for the contract period. The hospital then hires the nurse after having experienced the quality of their work in the hospital for several months.

The Center: What are keys to success in working with these nurses?

Ms. Fritz: One of the most important components of a

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successful long-term placement of a foreign-educated nurse is the extent to which the recruiting company chooses and prepares the candidates. A simple phone interview and skills check list is not enough to ensure success and recruiters should meet potential candidates face-to-face in their country of origin.

The interviewing and preparation phase of the placement should be done with extreme caution and by using various tools to determine the level of critical thinking and decision making. Each nurse that I place in the United States completes a survey tool to determine how she makes decisions. I want to find out how she will accommodate unconventional and unique patient situations, physician interactions, and peer relations, and having a well designed tool can help predict how they may react when encountering real patient situations in this culture.

While all foreign-educated nurses must also take the NCLEX exam for licensure, simply passing the test does not always determine critical thinking skills. My team uses patient vignettes in our verbal interviews with the nurses to get a much deeper assessment of their ability to critically think through situations. The face-to-face interviews are also very helpful in determining the extent of her English speaking skills as well.

The Center: How can a FEN be best oriented after she arrives to the United States?

Ms. Fritz: The greatest challenge for a foreign-educated nurse is clarity of speech. While all are required to pass an English exam, accent reduction is also sometimes needed. Recruiters and hospitals assist the foreign-educated nurse by coaching her to listen to talk radio and audio books. Preceptors and colleagues can also help by monitoring phone calls or having the foreign-educated nurse take formal accent reduction courses.

As for clinical competencies, it is important to choose a recruitment company that assesses and validates competency of the individual foreign-educated nurse prior to their arrival to the United States, including clinical skills, equipment familiarly, and U.S. cultural practice.

The Center: What about orientation to the community?

Ms. Fritz: The orientation to the community is important and should include, at minimum, securing and settling in a safe, appropriate, and furnished apartment; organizing transportation; teaching shopping, taxes, and banking; and processing payroll and benefits documents. An experienced recruitment company will provide this as well teaching U.S. culture, laws, and manners.

The recruitment and integration of the foreign-educated nurse can truly be a win-win situation for all concerned if the above elements are considered. Foreign-educated nurses benefit from their professional “dreams being fulfilled” and their families receiving funds to improve their lives in the home countries. Our diverse patient populations benefit by the culturally diverse nurse population. And healthcare organizations gain permanent staff members who remain as flexible, confident, and competent nurses.

*The Center for American Nurses is committed to helping nurses develop both professionally and personally. The Center offers solid evidence-based solutions-powerful tools-to navigate workplace challenges, optimize patient outcomes, and maximize career benefits. Whether it’s learning how to handle conflict, gaining continuing education credits, knowing your legal rights, or skillfully managing your money, The Center’s resources add traction, moving you toward the best life a career in nursing can offer.

Former Board President, Karen Hendrickson, Nominated for Inaugural First Lady Awards

First Lady Melanie Blunt announced the nominees for the inaugural First Lady Awards. The nominees and recipients were honored at a ceremony on March 11, 2008.

Mrs. Blunt created the First Lady Awards to celebrate Missouri women who are making history in the five categories of Business and Innovation, Culture and Humanities, Education, Health and Wellness, and Volunteerism as part of Women’s History Month in March.

“I am overwhelmed by the number of Missouri women who are making a significant and lasting impact on their communities and our state,” First Lady Melanie Blunt said. “The nominees for the 2008 First Lady Awards are truly inspiring women who are making history, and I am pleased to recognize their achievements.”

Karen Hendrickson, EdD, RN, CNAA, BC, Vice President/Chief Nursing Officer, Southeast Missouri Hospital was one of the nominees in the area of Health and Wellness.

Dr. Karen C. Hendrickson received a Doctor of Education from The University of Memphis; a Master of Arts, Psychological Counseling from Southeast Missouri State University; a Bachelor of Science in Nursing from Southeast Missouri State University and a diploma from Barnes Hospital School of Nursing. She is Certified in Nursing Administration, Advanced by the American Nurses Credentialing Center.

She served as President of Missouri State Board of Nursing and President of the Missouri Organization of Nurse Executives. She is a Past President of Sigma Theta Tau, the International Nursing Honor Society, having served as President of Lambda Theta Chapter; Southeast Missouri State University’s Committee on Research Involving Human Subjects; Cape Girardeau Chamber of Commerce—Strategic Planning Committee and Past Chairperson of the University Relations Committee. Karen also served on the Advisory Committee on Hospital Licensing Regulations for the Missouri Department of Health.

Among the awards she has received are:

- Women’s Impact Award, Otahki Girl Scout Council;
- Woman of Achievement Award, Zonta Club of Cape Girardeau Area;
- Alumni Merit Award Citation, College of Health & Human Services, Southeast Missouri State University;
- Outstanding Alumnus Award, Department of Nursing, Southeast Missouri State University;
- Outstanding Alumnus Award, Barnes College Alumni Association;
- Excellence in Nursing Leadership Award, Sigma Theta Tau, Lambda Theta Chapter;
- Outstanding Alumni Honor Roll Award (first class from Barnes School of Nursing Alumni), Barnes-Jewish College of Nursing;
- Outstanding Missourian Award, State of Missouri;
- Community Partner, Southeast Missouri Breastfeeding Task Force;
- Advocate of the Year Award, Heartland Advanced Practice Nurses Network



Hendrickson

A firm believer in education, Karen was instrumental in founding the Cape Girardeau Area Career and Technology Center’s School of Practical Nursing as well as Southeast Missouri Hospital’s College of Nursing and Health Sciences. And because of her influence, the Barnes College of Nursing established an international partnership with a school of nursing in Maastricht, Holland.

To her credit, Southeast Missouri Hospital boasts 94 percent of its nurses are RNs and 6 percent are LPNs. Nearly half of Southeast’s nurses are prepared at the bachelor degree or higher, and 30 percent are certified in their practice specialty.

In 1990 the Missouri Nurses Association recognized Southeast Missouri Hospital as a Magnet Hospital for management practices that promoted quality patient care and contributed to the satisfaction of registered professional nurses.

Under her leadership, the American Nurses Association recognized Southeast Missouri Hospital as a “Magnet Hospital.” The Magnet Nursing Services Recognition Program is considered the highest level of recognition extended to a nursing service organization. Southeast Missouri Hospital was number 124 out of 6000+ hospitals in the nation and only the fourth hospital in Missouri (the first outside a metropolitan area in the state), to achieve Magnet designation in 2004. The award recognizes excellence in all aspects of nursing services, including leadership and management philosophy, staff satisfaction, the practice environment and the quality of patient care. Magnet hospitals are considered to be national models for patient care.

Her professional international nursing experience includes Shanghai, China; France; Germany; and The Netherlands. In March 2007, she presented “Recruitment and Retention 24/7” at the International Workforce Conference in Geneva, Switzerland.

Karen has served as Vice President and Chief Nursing Officer at Southeast Missouri Hospital, Cape Girardeau, Missouri since 1982.

Summary of Actions March 2008 Board Meeting

Education Matters Curriculum Changes

- Request for curriculum revisions was approved for National American University, ADN Program #17-438
- Request for curriculum revisions was approved for Southeast Missouri State University, BSN Program #17-563
- Request for curriculum revisions was approved for Lebanon Technical and Career Center, PN Program #17-120
- Request for curriculum revisions was approved for University of Central Missouri BSN Program #17-573
- Request for curriculum revisions was approved for St. Charles Community College PN Program #17-150
- Request for curriculum revisions was approved for Rolla Technical Center, PN Program #17-184

Surveys

- Numerous survey reports were reviewed and accepted.

Discipline Matters

The Board held 13 disciplinary hearings and 19 violation hearings.

Licensure Matters

The Licensure Committee reviewed 23 applications and 13 renewal applications. Results of reviews as follows:

Initial Applications

- Approved—12
- Approved with letters of concern—4
- Applications approved with probated licenses—2
- Applications tabled for additional information—2
- Denied applications—3

Renewal Applications

- Issued letter of concern—1
- Probated—5
- No further action—5
- Denied—2

In addition 11 letters of concern for unlicensed practice were issued.

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license or had their expired or inactive licenses renewed on a probationary status by the Board during the previous quarter with a brief description of their conduct.

Name	License Number	Violation	Effective Dates of Restricted License
Katherine Denise Adibnejad Kansas City MO	PN2007037939	On 2/7/07, Licensee pled guilty to Attempting to File a False Claim for Benefits.	12/20/2007 to 12/20/2009
Teresa Jeannette Griggs Mineral Point MO	RN2007038398	On 4/25/05, Licensee’s nursing license was revoked. Licensee applied for reinstatement. Licensee successfully passed the licensure examination and was issued a probated license.	12/28/2007 to 12/28/2012
Desree Ann Welborn-Masters Poplar Bluff MO	RN2007037940	On 7/1/04, Licensee was arrested for possession of cocaine. Licensee successfully completed a pre-trial intervention program and the charges were dismissed on 6/20/07.	12/20/2007 to 12/20/2010
Wendy Sue Toebben Jefferson City MO	PN2008003485	On June 7, 2005, Licensee pled guilty to the Class D Felony of Passing Bad Checks. The Court sentenced Licensee to two (2) years in the Department of Corrections. After serving a period of shock detention, Licensee was placed on five (5) years of supervised probation.	1/28/2008 to 1/28/2010

CENSURE

Name	License Number	Violation	Effective Dates of Censured License
Mary L Childs Gladstone MO	RN072415	Licensee left a notepad with patient information at a church meeting, thereby inadvertently disclosing patient information to a fellow church member.	1/25/2008 to 1/26/2008
Jean Ann Daugherty Potosi MO	RN2003001168	Licensee used offensive language at nurse’s station.	2/8/2008 to 2/9/2008
Marcee L Dougan Maryville MO	RN126750	Licensee used a physician’s electronic signature without the permission of the physician.	1/24/2008 to 1/25/2008
Kimberly Lynne Eastman Mount Vernon WA	PN2007007630	Licensee gave a patient incorrect medication. When patient pointed out the error, licensee allowed the patient to keep the incorrect medication and did not give the patient the correct medication. During the same medication pass, licensee gave another patient the incorrect medication and when the patient pointed out the mistake and demanded the correct medication, licensee became verbally abusive.	2/13/2008 to 2/14/2008
Jennifer S Freeman Saint Joseph MO	RN071551	Licensee pled guilty to a charge of tampering with a motor vehicle.	2/20/2008 to 2/21/2008
David M Henderson Lenexa KS	RN148734	Licensee practiced as a CRNA while his recognition was expired.	12/15/2007 to 12/16/2007

Disciplinary Actions cont. to page 17

The Board of Nursing is requesting contact from the following individuals:

Carla Santee
Michelle Burch
Teresa King

RN 134924
RN 2000162362
PN 043160

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

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Name	License Number	Violation	Effective Dates of Censured License
Deborah A Kinnamon Harris MO	RN089552	Licensee phoned in a prescription for her brother without authorization from a physician. Licensee self-reported incident to her employer and was terminated from employment.	1/22/2008 to 1/23/2008
Carrie Marie Osier Jasper MO	RN2002018693	Licensee provided results from a TB testing as part of a pre-employment process. When questioned about the contradictory dates on the test, licensee admitted to falsifying the document and signing it herself.	1/19/2008 to 1/20/2008
Sandra L Powell Oak Grove MO	RN130478	Licensee failed to follow the hospital’s privacy policy and requirements of HIPAA.	12/12/2007 to 12/13/2007
Mary Lou Price Ava MO	PN049091	Practiced nursing without a current, valid license.	1/1/2008 to 1/2/2008
Amanda Kay Thomas Hannibal MO	RN2000146038	Licensee was terminated due to unprofessional behavior, specifically the continued use of profanity in the work area.	2/20/2008 to 2/21/2008
Deloris R Wilson Fulton MO	PN030979	Licensee was suspended for two days because, on or about 8/28/2005, a client approached her medication cart with his own cup of water to take his medication. The client refused to drink the water on the cart because it “tasted funny”. Ms. Wilson refused to put the client’s meds in a cup and instead yelled at him. She threatened to give the client a shot if he didn’t use the water from the cart. (No Doctor order for this.) Licensee charted that the patient refused his medications, but instead he only refused the water from the cart.	12/29/2007 to 12/30/2007

PROBATION

Name	License Number	Violation	Effective Dates of Probation
Sunshine Lynne Allison Eolia MO	RN2006001244	Licensee failed to monitor and assess her patients and document such assessments.	1/4/2008 to 1/4/2009
Lucretia Kay Baucom Tarkio MO	PN2007025044	Licensee failed to complete a contract with NCPS within the required time frame.	12/13/2007 to 12/13/2009
Jean M Bloodworth Cape Girardeau MO	RN116964	On 2/20/07, Licensee, as part of a pre-employment hiring process submitted to a urine drug screening which tested positive for marijuana.	12/4/2007 to 12/4/2009
Tereasa L Brand Lebanon MO	RN153562	On 12/10/06 and 12/11/06, Licensee misappropriated Morphine Sulfate, (Roxanal) and Ambien for her personal consumption. Licensee has been charged with two counts of Stealing.	12/28/2007 to 12/28/2010
Antoinette Marie Brown Saint Louis MO	PN2001015639	On August 14, 2007, Licensee was placed on the Missouri Department of Health and Senior Services Employee Disqualification List for patient abuse.	2/28/2008 to 2/28/2009
Janice Elaine Brown Kansas City MO	RN2006023881	Licensee self reported that she had diverted Morphine, Demerol, Fentanyl and Dilaudid.	1/17/2008 to 1/17/2013
Janna-Jo Alene Bunch Reeds Spring MO	PN2000169742	On 11/6/05, Licensee pled guilty to Property Destruction and an amended charge of Peace Disturbance.	12/20/2007 to 12/20/2009
Rebecca J Butricks Elsberry MO	RN124210	On May 3, 2004, Licensee pled guilty to the Class A Misdemeanor of Possession of Drug Paraphernalia with the Intent to Use. The Court suspended imposition of sentence and placed Licensee on two years of supervised probation. Due to Licensee’s failure to attend appointments with her probation officer, Licensee’s probation was revoked in February 2006. Licensee’s probation was finally revoked in June 2007 and Licensee served fifteen (15) days in jail.	2/28/2008 to 2/28/2009
Pati A Byrne St Joseph MO	RN066644	Beginning on July 4, 2004 and continuing through August 17, 2004, Licensee misappropriated hydrocodone (Lortab) for her personal consumption. Licensee withdrew and fraudulently documented the administration of Lortab to non-existent patients. Licensee admitted to diverting Lortab over a period of approximately three months following a lengthy illness and surgery.	3/1/2008 to 3/1/2010
Carl K Callahan Troy MO	PN056403	On 6/28/06, Licensee pled guilty to a Class D Felony-unlawful use of a weapon.	1/27/2008 to 1/27/2009
Daren K Cartwright Kansas City MO	PN058009	Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	12/13/2007 to 12/13/2010
Sara Lynn Cauley Staunton IL	PN2004025087	Licensee stated she held down a combative Alzheimer’s patient to administer medication through a gastrostomy tube because the patient refused to take the medication orally.	12/28/2007 to 12/28/2008
Jane M Conversi Saint Louis MO	RN154914	Licensee submitted to a urine screen which was positive for marijuana.	1/30/2008 to 1/30/2010
Shannon D Cookson Puxico MO	PN2001027582	On 5/22/07, Licensee pled guilty to Possession of a Controlled Substance and Assault in the 2nd Degree–Operating A Vehicle While Intoxicated Resulting in Injury. On 7/3/07, Licensee pled guilty to Theft/Stealing Any Controlled Substance.	12/28/2007 to 12/28/2012

Disciplinary Actions cont. from page 17			
Name	License Number	Violation	Effective Dates of Probation
Margaret Lea Cravens Springfield MO	RN2008005761	In her application, Cravens advised the Board that she was enrolled in the Kansas Nurse Assistance Program (KNAP). Cravens advised the Board that, as a result of her husband committing suicide in 2005, she became depressed and attempted suicide in 2006. She voluntarily entered rehab and reported her situation to KNAP. Cravens entered KNAP on March 29, 2006 and is currently set to be released from KNAP on October 2, 2009.	2/25/2008 to 10/2/2009
Laura J Wright-Cutsinger New London MO	RN131920	On 4/3/07, Licensee was convicted of the Class C felony of possession of marijuana.	1/27/2008 to 4/3/2012
Melissa L Diomedes Warrenton MO	RN120749	On 3/14/05, Licensee pled guilty to possessing a methamphetamine precursor with intent to manufacture amphetamine, methamphetamine or any of their analogs.	12/4/2007 to 12/4/2012
Kandis Lynn Dye Fulton MO	PN2006029196	Sometime during November or December of 2006, Licensee gave her home phone number and cell phone number to a patient. Licensee would have conversations with the individual while she was not on duty. Licensee admitted her behavior was inappropriate and that she crossed her professional boundaries. While being investigated, Licensee resigned on January 24, 2007.	2/20/2008 to 2/20/2009
A. Elizabeth Folk Grain Valley MO	PN049164	Licensee failed to ensure that the patient was properly cared for by failing to monitor the patient closely and failing to conduct a full assessment on the patient upon learning of the patient’s extremely low blood sugar. Licensee failed to follow physician orders when she failed to turn the patient’s feeding tube back on after being instructed to do so by the treating physician.	12/6/2007 to 12/6/2008
Brandee S Gray Erie KS	RN151150	On 8/4/06, Licensee submitted to a “for cause” drug screen which was positive for Methamphetamine.	1/17/2008 to 1/17/2013
Connie L Griffin Saint Charles MO	RN100122	From July 2003 to October 2004, Licensee stole blank prescription pads, forged prescriptions for Ultram/Tramadol on those blank prescription pads and obtained Ultram/Tramadol tablets for her personal use.	12/27/2007 to 12/27/2009
Jennifer Lynn Haar Hillsboro MO	RN2005023755	On February 6, 2007, Licensee documented that she completed an assessment on a patient and later admitted she had not. Prior to this incident, had been counseled two previous times for documenting that she had administered meds when she had not.	2/20/2008 to 2/20/2009
Anne Marie Hansen Cedar Rapids IA	RN2006029955	During a review of Licensee’s records, there were numerous instances where Licensee withdrew medications, but the patients’ identification bracelets were not scanned as required. An investigation of Licensee’s medication administration records revealed that partial dosages of Lorazepam and Meperidine were administered, but wastage was not documented or witnessed until 2-5 hours later. A 4-mg syringe of Morphine was withdrawn at 0849. The medication was noted to have been dropped and wasted at 1154. None of the medication had been administered and the patient had been given an extended release morphine tablet at 0910. On 4/12/06, Licensee submitted to a drug screen which tested positive for Opiates. Licensee reported the positive drug screen was the result of a weekend binge and stated that she is an addict. Licensee became addicted to Morphine and Vicodin.	12/20/2007 to 12/20/2012
William Timothy Huggins Warrenton MO	PN2006024238	Since August 2006, Licensee had intimate and unprofessional relationships with multiple offenders by writing letters of a personal and sexual nature to the offenders.	12/12/2007 to 12/12/2009
Kenya E Joseph O Fallon MO	RN153822	The nurse manager had placed Licensee on a performance improvement plan for documentation issues and was reviewing her charts on a weekly basis. Licensee complied with her performance improvement plan however on February 5, 2007, the nurse manager was approached by a nurse who stated that she had concerns about Licensee’s charting and assessments during her shift on February 3, 2005. Licensee was initially on the nurse’s floor but was assigned at midnight to another floor. The nurse had assumed responsibility for one of Licensee’s patients after midnight on February 3, 2005 and after reviewing the patient’s chart found that Licensee has pre-charted a 4:00 a.m. entry for the patient. The nurse manager reviewed three other patients’ chart’s that were assigned to Licensee and found that Licensee has charted for all three at 4:00 a.m. when she was no longer on the original floor. The nurse manager stated that Licensee had also cared for a fifth patient on the floor that she was transferred to and Licensee documented in the patient’s chart at the exact same time that she had documented in the other four patient’s charts.	1/27/2008 to 1/27/2009
Shane E Kiefer Jackson MO	RN154838	Licensee has periodically experienced severe periods of clinical depression for which he sought treatment and was prescribed Cyngalta and Xanax. Licensee developed a tolerance such that he increased his dosage and became addicted.	12/13/2007 to 12/13/2010
Dawn M Lentz St Charles MO	RN110453	In June 2005, Licensee reported for duty in an impaired condition. In July 2005, Licensee misappropriated Soma for her personal consumption.	12/15/2007 to 12/15/2012
Nancy J Loughary Bismarck MO	PN048700	Licensee violated the terms of the disciplinary agreement on 10/29/07; Licensee provided a urine sample for random drug and alcohol screening which was positive for the presence of THC, a metabolite of marijuana.	12/13/2007 to 12/13/2009

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Name	License Number	Violation	Effective Dates of Probation
Todd W Marshall St. Charles MO	RN135284	Licensee diverted meperidine, morphine and dilaudid for his personal consumption.	1/22/2008 to 1/22/2013
Alena N McFerron Sainte Genevieve MO	RN2003017979	Licensee submitted to a drug screen which was positive for Opiates. In December 2005, Licensee submitted to a drug screen which was positive for Amphetamines.	1/5/2008 to 1/5/2013
Ashley Nicole McGee Springfield MO	PN2007006512	Licensee admitted to not taking blood sugar levels even though Licensee documented that she had.	2/9/2008 to 2/9/2010
Kathryn Louise McVey Troy MO	PN2005019235	A patient’s orders included Vancomycin 500 mg. The drug was to be injected via an implanted port in the patient’s knee. On three separate occasions, Licensee injected the Vancomycin into the patient’s arm.	2/7/2008 to 2/7/2009
Laura Vivian O’Connell Savannah MO	PN2005024043	On 7/28/05, Licensee had charted that tube feedings were done prior to the time they should have been given. From 3/17/05 to 7/28/05, Licensee practiced as a licensed practical nurse on an expired temporary license.	1/17/2008 to 1/17/2009
Annie L Singletary-Payne Saint Louis MO	RN032819	On 5/15/05, a verbal altercation occurred between the patient and the Licensee. Licensee admitted that she had picked up the three hole puncher and that she might have used the puncher to strike the patient.	1/17/2008 to 1/17/2009
Kristi K Peters East Prairie MO	RN116944	Licensee failed to accurately document all controlled substances withdrawn and/or wasted and failed to follow physician orders regarding the administration of medication.	12/28/2007 to 12/28/2009
Dena L Pinner Mount Vernon MO	PN2000150547	Licensee had a history of falling asleep while on duty at the nurses’ desk and also in the medication room. On 2/2/07, Licensee was observed by staff falling asleep during report and had to be woke up several times.	1/30/2008 to 1/30/2009
Mary Nicole Romans West Plains MO	PN2001024087	The charge nurse was doing her routine check of documentation submitted by Licensee on March 12, 2007 and found no record of the glucometer machine, also known as the Accucheck, being used by Licensee for her patients however the charge nurse noted that glucose readings were documented within the patient charts and initialed by Licensee. Due to this inconsistency the charge nurse reviewed other charts belonging to Licensee’s patients during March 12, 2007 and found several inconsistencies. The charge nurse noted that Licensee had documented that she had administered medication at certain times however the charge nurse pulled a report from the Pyxis machine to determine the time that the medication was removed from the machine and she was unable to locate any records. Further Licensee had documented that an IV medication was administered to a patient however the Pyxis did not substantiate any removal of medication from the machine. There was also a concern that Licensee had documented that she had administered medication when in fact she had not and that she had not followed through on physician’s order in at least one instance.	2/20/2008 to 2/20/2010
Sharon Lynne Ruis Chesterfield MO	PN2007003886	Licensee violated the terms of the disciplinary agreement by failing to call in to NCPS, inc and by failing to report to a collection site to provide a sample.	12/13/2007 to 2/9/2011
Geanne M Ruckman Pierce City MO	PN049273	In June 2005, Licensee had possession of and used morphine on multiple occasions.	1/24/2008 to 1/24/2011
Gina R Sibley Kansas City KS	RN2003025480	Due to two thefts which resulted in \$510.00 cash, credit card and a purse being taken, a covert camera was installed in the 8th floor staff lounge on January 31, 2007. A purse was planted in the 8th floor staff lounge containing \$32.00 in cash which consisted of a \$20 bill, a \$10 bill and two \$1 bills. On February 22, 2007 the purse was examined and found that the \$20 bill was missing. A review of the recorded digital video showed that on February 22, 2007, a female picked up the purse and made movements consisted with counting and sorting money. Licensee was identified as the subject in the video. Identification of Licensee was based on the video image as well as on an access control badge trace. When confronted Licensee stated she only took \$5.00 however she later admitted to taking the \$20.00 bill from the purse.	1/17/2008 to 1/17/2009

Disciplinary Actions cont. from page 19

Name	License Number	Violation	Effective Dates of Probation
Ora L Smith Florissant MO	PN024984	On July 15, 2005, while in the medication room at the facility, a co-worker noticed two medication cards in a bag against the wall. Upon spotting the bag, a co-worker called another co-worker to witness looking in the bag with her. While looking into the bag, they found a card of Hydrochlorothiazide and a card of Potassium. Additionally, they found Licensee's identification in the bag. On July 15, 2005, they confronted Licensee regarding the medication found in her bag. Licensee denied attempting to take the medication. On July 15, 2005, Licensee was terminated for misappropriating patient's medication.	2/23/2008 to 2/23/2009
Shelley M Stovall Overland Park KS	RN2003025482	On 11/5/06, Licensee phoned in a prescription for herself using the name of another nurse and a physician as the prescribing authority. The prescription was for 90 tablets of Lortab and allowed one refill. The prescription was filled on 10/5/06 and refilled on 10/12/06. It was again called in on 10/31/06 and 90 tablets of Lortab were picked up on the same day by Licensee. Licensee did not have a valid prescription for Lortab.	12/14/2007 to 12/14/2012
Mary Catherine Sudekum Saint Louis MO	RN2005008842	On 10/11/05, Licensee diverted Morphine Sulfate for personal consumption. On 11/10/05, Licensee submitted to a random drug screen which came back positive for Propoxyphene.	1/4/2008 to 1/4/2013
Janice M Sullivan Olathe KS	RN144181	On 3/14/07, Licensee pled guilty for Harassment by Telephone. Licensee reported that she has been treated for alcohol addiction.	1/17/2008 to 1/24/2011
William Joseph Thomas Sedalia MO	PN052717	On 6/30/03, Licensee pled guilty to the offense of Unlawful Use of a Weapon-ACC.	2/8/2008 to 2/8/2010
Pamela J Trotter Doniphan MO	RN117236	On 12/12/05, Licensee pled guilty with Possession of Controlled Substance and four counts of Possession Chemical with the intent to manufacture, compound, convert, produce, process, prepare, test or otherwise alter that chemical to create a controlled substance.	1/17/2008 to 3/6/2011
Marianne C Turner Linn Creek MO	RN060591	Licensee failed to report the patient's change of status to the physician and failed to contact anesthesia.	12/6/2007 to 12/6/2008
Michelle R Werner Granite City IL	PN057627	On 2/8/05, Licensee voluntarily submitted a urine sample for a pre-employment drug test which was positive for marijuana use.	1/17/2008 to 1/17/2009

Disciplinary Actions cont. from page 20

SUSPENSION/PROBATION

Name	License Number	Violation	Effective Dates of Suspension/Probation
Patricia Gail Cooksey Savannah MO	RN2004007049	Licensee violated the terms of the disciplinary agreement by failing to call NCPS.	Suspension 1/1/2008 to 7/1/2008 Probation 7/2/2008 to 4/26/2011
Jill A Schmid Centralia IL	RN146086	Licensee admitted that she had been misappropriating Morphine and Dilaudid. Licensee also reported consuming Oxycontin in October 2006.	Suspension 1/4/2008 to 7/4/2008 Probation 7/5/2008 to 7/5/2013

REVOKED

Name	License Number	Violation	Effective Date of Revocation
Lorie Ann Barnes Campbell MO	PN2002021018	Licensee violated her Settlement Agreement by failing to contract with NCPS, Inc. and by not submitting a Chemical Dependency Evaluation.	12/17/2007
Robyn E Combs Fair Play MO	PN042805	Licensee violated the terms of the Disciplinary Order by not calling in to NCPS as required; failing to submit employee evaluations; failing to submit evidence of on-going treatment from a chemical dependency professional and failure to submit proof of attendance of support group meetings and testing positive for Oxycodone on September 17 and September 26, 2007.	12/17/2007
Karen L Commons Florissant MO	PN041947	Licensee held down a combative Alzheimer’s patient while administered medication through a gastrostomy tube because the patient refused to take the medication orally.	12/17/2007
Randall K Diel West Plains MO	RN123971	Licensee tested positive for cannabanoids, opiates and morphine.	12/17/2007
Mary M Ettinger Chesterfield MO	RN066152	Licensee violated the terms of her Disciplinary Order by failing to call in to NCPS, Inc. as required and failing to keep her nursing license current.	12/17/2007
Doris S Fisk Springfield MO	PN051588	Licensee violated the terms of the Settlement Agreement by failing to call in to NCPS, Inc. as required; failing to report to a lab for a urine sample when requested, failure to submit an employee evaluation or statement of unemployment and testing positive for Tramadol on June 29, 2007.	12/17/2007
Brenda Gernea Johnson Florissant MO	RN1999136888	Licensee violated the terms of her disciplinary order by failing to call in to NCPS, Inc. as requested. Licensee also failed to report to a lab to provide a urine sample when she was selected by NCPS, Inc. In addition, Licensee has not been meeting her chemical dependency professional for treatment sessions as requested.	12/17/2007
Cynthia Ann Bennett-Minner Eureka Springs AR	RN2000152670	Violated Settlement Agreement by failing to submit completed CEU’s to the Board of Nursing as required in the Settlement Agreement.	1/24/2008

VOLUNTARY SURRENDER

Name	License Number	Violation	Effective Date of Voluntary Surrender
Carla Lee Campbell Kansas City KS	RN144717	Licensee was suspended with a stay in the State of Kansas for drug abuse and failure to comply with requirements of the State of Kansas.	2/20/2008
Jessica M Critten Liberty MO	RN066529	Licensee tested positive for cocaine.	12/27/2007
Nancy D Fox Grove OK	PN022060	On May 30, 2007, the Oklahoma State Board of Nursing approved a “Stipulation, Settlement and Order” which resulted in a reprimand from Oklahoma.	1/19/2008
Ceceli Shannon Freed Dexter MO	RN2006021007	Licensee entered a plea of guilty to the charge of Theft or Stealing of a Controlled Substance in Cape Girardeau County Circuit Court on September 17, 2007.	12/11/2007
Laura M Jackson Branson MO	PN2002005540	Licensee stole blank prescription sheets.	1/1/2008
Denise E Sax Manchester MO	RN123255	Licensee was disciplined in the state of Colorado and her license lapsed April 30, 2005.	12/4/2007

Schedule of Board Meeting Dates Through 2009

June 4-6, 2008
September 10-12, 2008
December 3-5, 2008
March 11-13, 2009
June 3-5, 2009
September 9-11, 2009
December 2-4, 2009

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.
If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.
Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

Did you know you are required to notify the Board if you change your name or address?

Missouri Code of State Regulation [(20 CSR 2200-4.020 (14)(b) (1)] says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . .” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change . . .”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.

Type or print your change information on the form below and submit to the Board Office by fax or mail. *Name and/or address changes require a written, signed submission. Please submit your change(s) by:*

- Fax: 573-751-6745 or 573-751-0075 or
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Please complete all fields to ensure proper identification.		
<input type="checkbox"/> RN <input type="checkbox"/> LPN		
Missouri License Number		
Date of Birth		
Social Security Number		
Daytime Phone Number		
OLD INFORMATION (please print):		
First Name	Last Name	
Address		
City	State	Zip Code
NEW INFORMATION (please print)		
First Name	Last Name	
Address (if your address is a PO Box , you must also provide a street address):		
City	State	Zip Code
Signature (required)		
Date		

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the Licensure Information & Forms tab on our website at <http://pr.mo.gov/nursing.asp>